COMHSLWINGPAC INSTRUCTION 3750.4A

From: Commander, Helicopter Antisubmarine Light Wing, U. S. Pacific Fleet

Subj: PRE-MISHAP PLAN

Ref: (a) OPNAVINST 3750.6Q
      (b) OPNAVINST 3100.6G
      (c) OPNAVINST 3750.16B
      (d) OPNAVINST 4790.2F
      (e) NAVAIR 00-80T-116 Vol 1-3
      (f) MILPERSMAN 1770-060
      (g) MILPERSMAN 4210140
      (h) JAGINST 5800.7B
      (i) CINCPACFLTINST 3100.7
      (j) CINCPACFLTINST 3480.6F
      (k) COMNAVAIRPACINST 3750.1G
      (l) COMNAVAIRPACINST 3750.17K
      (m) NASNIINST 3750.5C
      (n) JCS 3-50.1
      (o) OPNAVINST 5102.1C
      (p) COMHSLWINGPACINST 3750.1A
      (q) COMHSLWINGPACINST 5100.4A
      (r) OPNAVINST 5100.23D
      (s) SPAWARINST 5100.12B
      (t) COMHSLWINGPACINST 3100.1

Encl: (1) Pre-Mishap Plan
      (2) COMHSLWINGPAC Mishap Action List

1. Purpose. To provide guidance for reporting mishaps involving personnel and/or aircraft assigned to Helicopter Antisubmarine Light Wing, U.S. Pacific Fleet (HSLWINGPAC).

2. Cancellation. COMHSLWINGPACINST 3750.3A and COMHSLWINGPACINST 3750.4.

3. Discussion. Prompt, accurate and detailed reports of mishaps are the direct responsibility of every command. References (a) through (s) contain specific policies and procedures for reporting aircraft mishaps and personnel casualties related to aviation. Reference (t) contains specific guidance for reporting non-aviation related incidents. Enclosure (1) provides a systematic approach for the unit Squadron Duty Officers (SDOs) to comply with higher directives in a timely manner. Enclosure (2) is the COMHSLWINGPAC Command Duty Officer (CDO) Action Checklist. Enclosures (1) and (2) shall be incorporated into HSLWINGPAC squadron Pre-Mishap instructions.

    a. The OPREP-3 system is designed to notify senior authority that an incident has occurred. The following specific definitions apply:

COMHSLWINGPACINST 3750.4A
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        (1) When an incident which is of national level interest has occurred, an OPREP-3 PINNACLE report shall be utilized.

(2) When an incident which is of high U.S. Navy interest has occurred, an OPREP-3 NAVY BLUE report shall be utilized.

(3) When an incident which is considered a significant event occurs or incidents which do not meet the OPREP-3 reporting criteria, a UNIT SITREP report shall be utilized.

b. If doubt exists whether an incident is, or could possibly develop into, a matter of national level interest, submit an OPREP-3 PINNACLE report.

4. <u>Action</u>. All unit SDOs and WING CDOs shall be familiar with the information contained in this instruction. To ensure standardization, the following general and specific instructions apply:

a. <u>General</u>. Anyone having knowledge of overdue, damaged or destroyed aircraft, death or severe injury to personnel shall immediately report all available information to the squadron SDO or COMHSLWINGPAC CDO. **Unless otherwise authorized by this instruction, personnel shall not divulge information regarding aircraft mishaps or personnel casualties to any party.**

(1) Examples of Aviation Mishaps include:

(a) Flight Mishaps, defined as more than $10,000 worth of aircraft damage or loss of a DOD aircraft, where takeoff power has been applied, as defined in TAB F of enclosure (1).

(b) Flight Related Mishaps, defined as more than $10,000 worth of total damage and less than $10,000 worth of aircraft damage, where takeoff power has been applied, as defined in TAB F of enclosure (1).

(c) Ground related Mishap, defined as more than $10,000 worth of aircraft damage, where takeoff power has not been applied, as defined in TAB F of enclosure (1).

(2) Examples of Severity Classes (A, B and C) are defined in TAB F of enclosure (1).

(3) Examples of Injury Classifications (death, permanent total, permanent partial, partial) are defined in TAB G of enclosure (1).

b. <u>Specific</u>. In the event of an aviation mishap involving a COMHSLWINGPAC aircraft, the reporting custodian (squadron and detachment, if applicable) is responsible for submitting the required reports to higher authority. Any Wing personnel notified of a squadron mishap shall immediately notify the squadron SDO and COMHSLWINGPAC CDO. The squadron SDO is responsible for completing the action items in enclosure (1) and for notifying the HSLWINGPAC CDO of the need to complete enclosure (2). The HSLWINGPAC CDO is responsible for completing the action items in enclosure (2) upon

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notification of an aircraft mishap. The guidance provided in this instruction shall not preclude the use of logical additional measures which may be required in a given situation.

c. <u>Non Aviation Related Incidents</u>. Non aviation related incidents shall be reported via OPREP-3 or UNIT SITREP as necessary. Squadrons should utilize

reference (t) in establishing reporting criteria for non aviation related incidents. Examples of this type include:

      (1) Personnel injuries/death on or off duty.

      (2) Vehicle accidents.

      (3) Violent crimes, including rape and sexual assaults.

      (4) Unauthorized weapons seizures.

      (5) Loss of torpedo, rextorp or extorp.

      (6) Racial Incidents

      (7) Bomb Threats

      (8) Sexual Harassment

   d. Squadron Operations Officers. Squadron Operations Officers shall maintain a file of all OPREP and UNIT SITREP reports transmitted by the respective command serialized by calendar year utilizing TAB X per reference (b).

                          Signature

Distribution:
COMHSLWINGPACNOTE 5215 of 2 May 1996
List I (Case A), List II

3   **PRE-MISHAP PLAN**

TAB   SUBJECT

A   IMMEDIATE ACTION CHECKLIST

B   MISHAP VERIFICATION

C   CRASH NET/SAR NOTIFICATION

D   CRONOLOGICAL LOG

E   RECALL LIST

TAB A: Immediate Action Checklist

1. <u>General</u>. This TAB provides the SDO/ASDO with the initial information required to determine if an aircraft mishap has occured.

2. <u>Action</u>. Use this TAB to concisely record all available information. This information is vital to completing the required reports and investigations which follow.

<u>WARNING</u>. Do not give out information over the phone concerning a mishap, especially names of personnel involved. If anybody does call, state firmly but politely:

<u>"I AM UNABLE TO GIVE OUT ANY INFORMATION AT THIS TIME, PLEASE CONTACT THE COMHSLWINGPAC PUBLIC AFFAIRS OFFICER AT XXXXXXX, WITH YOUR QUESTIONS</u>."

  (**After hours COMHSLWINGPAC forwards calls to XXXXXXXX Duty Office**)

Date: _____ Local time:_____ Your name:_____

Source of info:_____ (Military or Civilian)

Identification of personnel and/or description of event:

_____

_____

_____

_____

(Verify where personnel involved are assigned to)

Time of event:_____ ZULU _____

Location_____

    Lat:_____ Long: _____

    TACAN Channel: _____ Radial/DME _____/_____

Have SAR assets been alerted? YES/NO. Who?

_____

Have Medical personnel been alerted?   YES/NO

Who?_____

Has an OPREP-3 been sent?   YES/NO

Originator?:_____

Others Notified? Name/Address/Phone#

_____

_____

Condition of personnel involved:

_____

_____

_____

Identification of other personnel involved (locate manifest):
NAME(Last, First, MI)   SSN#   Rank/Rate   Service   Command

_____

_____

_____

Condition of other personnel involved:

_____

_____

_____

Describe damage/condition of aircraft:

_____

_____

_____

_____

_____

_____

_____

Is there any damage to private property? YES/NO

    Description:_____

_____

_____

_____

Is there an area suitable for helicopter landing? YES/NO

    Specify location:

_____

_____

Weather at the scene at time of mishap/currently: Day/Night,

    Clouds, Temp, Ice, Snow, Rain, Lightning, Winds: _____

_____

_____

Ask the caller if there is any video tape record of the incident.
Request name and telephone # of person who taped the incident etc.):

_____

_____

Do they have capability to video tape the scene safely? (Request that they do
so): _____

_____

Any additional information (include names of other witnesses, etc.):

_____

_____

Ask the caller to watch the wreckage until military representatives arrive.
If wreckage is removed, request they obtain information about the people who
removed it (description/identity, license number, vehicle
information). Caution caller to remain clear of wreckage due to potential
hazards (fire, sharp metal, broken glass, carbon fibers, etc.).

**Tell the caller to hang up but remain by the telephone for immediate call back
to confirm the report**.

TAB B: Mishap Verification

1. <u>General</u>. This TAB is used to verify whether a squadron aircraft has been involved in a mishap.

2. <u>Action</u>.

    a. Immediately make confirmation call to person reporting the Mishap. Make every attempt to look the phone number up or call information.

    b. Determine if a Squadron aircraft is actually involved:

    a. Check the flight schedule.

    b. Were Squadron aircraft in the area of the Mishap?

    c. Match side number/buno to squadron aircraft.

Side Number	Bureau Number	Side Number	Bureau Number	Side Number	Bureau Number

NOTE: As SDO/ASDO, it is your responsibility to assist another command if you determine that a squadron aircraft is not involved, including another branch of the U.S Armed Forces.

    d. If Mishap involves a crash on or in the immediate vicinity of NASNI and notification was <u>not</u> from base crash net or Base OPS, call 9-911 and state:

> **"This is HSL ___ SDO/ASDO _____ (name and rank). An HSL ___ aircraft has been reported to have crashed in the vicinity of _____ (location). We require assistance from rescue and base security at the crash site. Will you be able to provide (Yes or No)? My telephone number is _____."**

5. Initiate the Crash Net/SAR Notification (TAB C).

6. Start the Chronological Log (TAB D) of all pertinent calls made, conversations held and phone numbers.

TAB C: Crash Net/SAR Notification

1. <u>General</u>. This TAB is used to provide points of contact to initiate SAR assets in the event of an aircraft mishap.

2. <u>Action</u>.

    a. For Mishaps in the squadron spaces, assign personnel to administer first aid until medical personnel arrive.

    b. Initiate Emergency Medical Response by dialing:

<div align="center">

<u>9-911</u>

</div>

    c. To initiate a SAR/MEDEVAC, contact the nearest Naval Station or military base OOD. At NAS North Island contact NASNI CDO/COMHSLWINGPAC CDO and FACSFAC.

        (1) COMHSLWINGPAC CDO   _____ (pager)

        (2) CNAP CDO   _____

        (3) FACSFAC   _____ (SOCAL SAR Coordinator)

    d. If a SAR/MEDEVAC has been initiated by someone else, determine the status. Obtain a point of contact. Request squadron be kept informed of SAR status.

TAB D: Chronological Log

1. General. This TAB is used to keep a chronological log of all actions taken in the event of an aircraft mishap.

2. Action. The SDO or a person designated by the SDO will maintain a log of events connected to any Mishap as it occurs. This log is necessary to ensure all essential information connected with the incident is recorded as it is received. All phone conversations, messages released, events, and problems encountered shall be logged.

Do not release the names of personnel involved in the Mishap until permission has been received from the CO.

DATE/TIME   EVENT, (PHONE CALL, MESSAGE, ETC.)   BY WHOM
_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

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_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

TAB E - Recall List

1. <u>General</u>. This TAB is used to ensure that the required personnel are notified in the case of an aircraft mishap.

2. <u>Action</u>.

    a. Follow this list, making the calls as required. If one individual cannot be reached, go to the next. Finish the list, then re-attempt uncompleted calls. Call alternate members ("ALT") only if primary member cannot be reached.

    b. As each individual is reached, say:

    "This is the Duty Office, (Your rank/rate and name). **We have a report of a Class (A, B, or C) (FLIGHT, FLIGHT RELATED OR AIRCRAFT GROUND) Mishap. Please report to the squadron**."

    c. If the phone is answered but the individual is unavailable, obtain an alternate number or leave this message:

    "This is the Duty Office, It is urgent that_____ contact the Duty Office as soon as possible."

NOTE: Do not give mishap information to anyone not on this list. Under no circumstances give out the names of those involved to anyone except the CO/XO.

    d. Complete the following recall:

BILLET NAME	WORK PHONE # HOME PHONE #	TIME CALLED	IN PERSON (P) MESSAGE (M)
COMMANDING OFFICER _____	_____ _____	_____	_____
EXECUTIVE OFFICER _____	_____ _____	_____	_____
SAFETY OFFICER _____	_____ _____	_____	_____
MAINTENANCE OFFICER _____	_____ _____	_____	_____
(ALT) QAO _____	_____ _____	_____	_____
ADMIN OFFICER _____	_____ _____	_____	_____
(ALT) PAO _____	_____ _____	_____	_____
OPERATIONS OFFICER _____	_____ _____	_____	_____
(ALT) ASST OPS OFF _____	_____ _____	_____	_____

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NATOPS OFFICER          _____    _____   _____
_____   _____

FIRST LIEUTENANT        _____    _____   _____
_____   _____

CACO                    _____    _____   _____
_____   _____

COMHSLWINGPAC CDO       DSN_____    _____   _____
_____   PAGER

COMNAVAIRPAC CDO        DSN_____    _____   _____
_____

COMHSLWINGPAC ASO       DSN _____   _____   _____
_____
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TAB F - Mishap Classification

1. <u>General</u>.   This TAB is used to determine the category and severity of a possible mishap.

2. <u>Action</u>. Use the following mishap classification table to determine appropriate mishap classification. Use of the table to determine mishap classification should suffice given the reporting time constraints of an actual mishap.

NOTE: Mishap Classification = Mishap Category + Severity Class

**If doubt exists between two possible mishap severity classes,
ASSUME WORST CASE**

Mishap Classification Matrix

	Severity Class		
Mishap Category	**A**	**B**	**C**
Flight Mishap (FM) Intent for flight existed (takeoff power applied) and $10,000 or more DOD aircraft damage occured	Total cost of damage is $1,000,000 or more and/or aircraft destroyed and/or death or permanent total disability	Total cost of damage is $200,000 but less than $1,000,000 and/or permanent partial disabilty and/or hospitalization of five or more people	Total cost of damage is $10,000 but less than $200,000 and/or five lost workdays
Flight-Related Mishap (FRM) Intent for flight existed (takeoff power applied) and $10,000 total damage but less than $10,000 DOD aircraft damage	Total cost of damage is $1,000,000 or more and/or death or permanent total disability	Total cost of damage is $200,000 but less than $1,000,000 and/or permanent partial disabilty and/or hospitalization of five or more people	Total cost of damage is $10,000 but less than $200,000 and/or five lost workdays
Aircraft Ground Mishap (AGM) No intent for flight existed (takeoff power not applied) and $10,000 total/DOD aircraft damage	Total cost of damage is $1,000,000 or more and/or aircraft destroyed and/or death or permanent total disability	Total cost of damage is $200,000 but less than $1,000,000 and/or permanent partial disabilty and/or hospitalization of five or more people	Total cost of damage is $10,000 but less than $200,000 and/or five lost workdays

TAB G - Injury Classification

1. <u>General</u>. This TAB is used to determine general injury classifications for a mishap. Final determination shall be made by a qualified flight surgeon.

2. <u>Action</u>. Injury classifications are defined below. For reporting purposes the defined injuries are: fatal injury, permanent total disability, permanent partial disability, lost workday (major or minor), first aid injury, no injury, lost at sea and missing/unknown.

   a. <u>Fatal Injury</u> - An injury which results in death from a mishap or the complications arising therefrom, regardless of the length of time intervening between the mishap and a subsequent death.

   b. <u>Permanent Total Disability</u> - Any nonfatal injury which, in the opinion of competent medical authority, permanently and totally incapacitates a person to the extent that they cannot follow any gainful occupation. In addition, the loss of, or the loss of use, of both hands, or both feet, or both eyes, or a combination of any of those body parts as a result of a single mishap will be considered as a permanent total disability.

c. <u>Permanent Partial Disability</u> - An injury which does not result in death or permanent total disability but, in the opinion of competent medical authority, results in permanent impairment or loss of any part of the body, the loss of the great toe, the thumb, or an unrepairable inguinal hernia, with the following exceptions:

    (1) Teeth

    (2) The four smaller toes

    (3) Distal phalanx of any finger

    (4) Distal two phalanges of the little finger

    (5) Repairable hernia

    (6) Hair, skin, nails, or any subcutaneous tissue

d. <u>Lost Workday Injury</u> - An injury which does not result in death, permanent total disability or permanent partial disability, but which results in five or more lost workdays (not including the day of injury). Lost Workday level injuries are further divided into major and minor categories:

    (1) Major Injury - A nonfatal injury which does not result in permanent total disability or permanent partial disability but which results in five or more lost workdays and requires admission to a hospital or quarters, or a combination of both, for five or more days. It also includes any of the following regardless of hospital status:

        (a) Unconsciousness for more than five minutes due to head trauma.

        (b) Fracture of any bone, except simple fracture of the nose or phalanges.

        (c) Traumatic dislocation of major joints or internal derangement of the knee.

        (d) Moderate to severe lacerations resulting in severe hemorrhage or requiring extensive surgical repair.

        (e) Injury to any internal organ.

        (f) Any third degree burns, or any first or second degree burns (including sunburn) over five percent of the body surface.

    (2) Minor Injury - An injury less than major which results in one of more lost workdays.

e. <u>First Aid Injury</u> - An injury requiring minimal treatment or no treatment and not resulting in a lost workday.

f. No injury.

g. Lost at sea.

h. Missing/unknown.

NOTE: Lost at sea and missing/unknown injuries equate to fatality for mishap severity level classification.

TAB G - Injury Classification

1. <u>General</u>. This TAB is used to determine general injury classifications for a mishap. Final determination shall be made by a qualified flight surgeon.

2. <u>Action</u>. Injury classifications are defined below. For reporting purposes the defined injuries are: fatal injury, permanent total disability, permanent partial disability, lost workday (major or minor), first aid injury, no injury, lost at sea and missing/unknown.

    a. <u>Fatal Injury</u> - An injury which results in death from a mishap or the complications arising therefrom, regardless of the length of time intervening between the mishap and a subsequent death.

    b. <u>Permanent Total Disability</u> - Any nonfatal injury which, in the opinion of competent medical authority, permanently and totally incapacitates a person to the extent that they cannot follow any gainful occupation. In addition, the loss of, or the loss of use, of both hands, or both feet, or both eyes, or a combination of any of those body parts as a result of a single mishap will be considered as a permanent total disability.

    c. <u>Permanent Partial Disability</u> - An injury which does not result in death or permanent total disability but, in the opinion of competent medical authority, results in permanent impairment or loss of any part of the body, the loss of the great toe, the thumb, or an unrepairable inguinal hernia, with the following exceptions:

        (1) Teeth

        (2) The four smaller toes

        (3) Distal phalanx of any finger

        (4) Distal two phalanges of the little finger

        (5) Repairable hernia

        (6) Hair, skin, nails, or any subcutaneous tissue

d. <u>Lost Workday Injury</u> - An injury which does not result in death, permanent total disability or permanent partial disability, but which results in five or more lost workdays (not including the day of injury). Lost Workday level injuries are further divided into major and minor categories:

   (1) Major Injury - A nonfatal injury which does not result in permanent total disability or permanent partial disability but which results in five or more lost workdays and requires admission to a hospital or quarters, or a combination of both, for five or more days. It also includes any of the following regardless of hospital status:

      (a) Unconsciousness for more than five minutes due to head trauma.

      (b) Fracture of any bone, except simple fracture of the nose or phalanges.

      (c) Traumatic dislocation of major joints or internal derangement of the knee.

      (d) Moderate to severe lacerations resulting in severe hemorrhage or requiring extensive surgical repair.

      (e) Injury to any internal organ.

      (f) Any third degree burns, or any first or second degree burns (including sunburn) over five percent of the body surface.

   (2) Minor Injury - An injury less than major which results in one of more lost workdays.

e. <u>First Aid Injury</u> - An injury requiring minimal treatment or no treatment and not resulting in a lost workday.

f. No injury.

g. Lost at sea.

h. Missing/unknown.

NOTE: Lost at sea and missing/unknown injuries equate to fatality for mishap severity level classification.

TAB H - OPREP 3 Determination

1. <u>General</u>. This TAB is used to determine the need to send an OPREP-3 PINNACLE, NAVY BLUE or Unit SITREP in the event of a possible mishap.

2. <u>Action</u>.

    a. Send <u>OPREP-3 PINNACLE</u> (TAB I, K) if:

        (1) Loss of, or substantial damage to, an aircraft occurs and <u>national level interest</u> is indicated.

        example: Class A mishap at a civilian airfield, or on public property with civilian deaths/injuries.

    b. Send <u>OPREP-3 NAVY BLUE</u> (TAB I, K) if:

        (1) Significant damage to civilian property without injuries resulting from an aircraft mishap/TFOA.

        (2) Near or actual collisions of minor significance of Navy aircraft with civilian aircraft.

        (3) The loss at sea of an aircraft or other incidents of <u>high Navy interest</u>.

        example: Class A mishap at Navy installation or at sea; Class B mishap at civilian airfield without deaths/injuries.

    c. Send <u>Unit SITREP</u> (TAB S) if:

        (1) Minimal damage to military property without injuries resulting from an aircraft mishap/TFOA.

        (2) Flight Related or Ground Class C mishap without injuries as determined by TABs F and G.

        example: Loss of MAD Bird at sea; impact of aircraft while being towed; loss of Extorp/Rextorp.

    d. When deployed, the parent ship or detachment OIC will send an OPREP-3 if required. It remains the responsibility of the SDO to ensure that it has been sent.

    e. If the aircraft mishap happens away from home base, and you are notified by phone, ask if an OPREP-3 has been sent. If not, send one as necessary. If it has been sent, you are still required to call CINCPAC (TAB I). Additionally, ensure that the message has gone to everyone indicated on the message format. If not, then the message must be readdressed.

TAB I: OPREP-3 Voice Report

1. <u>General</u>. This Tab is used to provide a template for the initiate OPREP-3 Voice Report.

Notes: Do NOT delay this report due to lack of information. DO NOT release the names of the personnel involved.

2. <u>Action</u>. Use the template provided to write the voice report BEFORE calling. Save the completed form as documentation of the voice report. Use the list below to determine the appropriate point of contact.

    a. Voice report points of contacts:

      (1) Homeguard:

        CINCPACFLT: DSN _____
                                  Commercial _____

      (2) Detachment on ship assigned OPCON to a FLTCINC, report to the respective Fleet Command Center (FCC):

        (a) CINCPACFLT: DSN _____
                                  Commercial _____

        (b) CINCUSNAVEUR: DSN _____
                                  Commercial _____

      (3) Detachment on ship not assigned to or unable to contact respective FLTCINC, report to the National Command Center (NCC):

        (a) NCC   DSN _____
                                  Commercial _____

      (4) If unable to reach the appropriate FLTCINC or NCC, report to National Military Command Center:

        (a) NMCC   DSN _____
                                  Commercial _____

3. <u>OPREP-3 PINNACLE or NAVY BLUE Voice Report Template:</u> The following is the format for the 5 minute OPREP-3 PINNACLE/NAVY BLUE voice report. Read all bold face items verbatim:

_____ [Addressee] **THIS IS _____ [Originator]. OPREP-3 PINNACLE/ NAVY BLUE, OVER"**

_____ [Originator] "THIS IS _____ [Addressee]. SEND OPREP-3 PINNACLE/NAVY BLUE, OVER"

_____ [Addressee] **"THIS IS"** _____ [Originator]

"FLASH" (**"IMMEDIATE"** for NAVY BLUE and follow up voice reports)

"TOP SECRET"/"SECRET"/"CONFIDENTIAL"/"UNCLASSIFIED" (as appropriate)

"OPREP-3 PINNACLE" or **"OPREP-3 NAVY BLUE"**

"LINE 1 SERIAL" _____ (Serial number assigned to this report).

"LINE 2 INCIDENT" (Aircraft mishap, type aircraft, Buno, reporting custodian, custodian location)_____
_____
_____**, period"**

"LINE 3 NARRATIVE" (Include a brief statement to clarify the situation as required, Mission and phase of mission, status of NOK notification and other pertinent details)
_____
_____
_____
_____
_____**, period"**
"Amplifying message to follow, Over".

TAB J: Required Phone Calls

1. <u>General</u>. This TAB provides general guidance on the intitial required phone calls to be made following an aircraft mishap.

2. <u>Action</u>. Ensure the following phone calls have been initiated:

    a. Initiate SAR/MEDEVAC if required, TAB C.

    b. Initiate the squadron recall, TAB E.

    c. Transmit OPREP-3 voice report if required (within 5 minutes), TAB I.

    d. Transmit Naval Safety Center phone call (within one hour), TAB Q.

    e. COMHSLWINGPAC CDO phone call (if SITREP/OPREP to be transmitted), TAB E.

    f. COMNAVAIRPAC CDO phone call (if OPREP to be transmitted), TAB E.

    g. COMHSLWINGPAC Safety Officer. Pass the same information as in safety center phone call to the Wing Safety Officer, DSN _____. After hours, ask the Wing Command Duty Officer to make this call.

    h. Confirmation of NOK notification. Telephone call to BUPERS will be accomplished in accordance with TAB L after CO/XO/CACO have informed the NOK.

    i. FAA/NTSB REPORT (within 4 hours), TAB R.

        (a) If a function of the FAA is, or may be, involved in an aircraft accident, a telephone call to the nearest FAA facility is required. The telephone report will include a brief description and must be made within four hours.

        (b) The determination of FAA involvement, possible or probable, rests with the military unit conducting the investigation. Specific instructions for criteria to determine involvement are included in OPNAVINST 3750.16 series. Involvement will include any contributing factor to the accident under the cognizance of the FAA. This would include erroneous chart information, minimum terrain criteria, collisions with civil aircraft and improper air traffic clearances. A follow-up PRIORITY MESSAGE will be sent as soon as possible but NO LATER THAT TWENTY-FOUR HOURS AFTER THE MISHAP. For both the telephone report and the follow up message, use the SAMPLE FAA/NTSB REPORT template, TAB R.

        (c) During working hours: San Diego FSS _____ (Ask for operations duty officer)

        (d) After working hours: Los Angeles Regional Duty Officer _____

    j. Other telephone numbers as necessary

        (a) SAN DIEGO CITY AND COUNTY

            Highway Patrol: _____
            Sheriff   _____
            San Diego Police: _____
            San Diego Fire Department: _____
            Forestry Service: _____
            Fire Dispatch: _____
            Rescue: _____

1. <u>General</u>. This TAB is used to provide a template for the initial OPREP-3 message.

NOTE: The OPREP-3 message must be prepared and sent within 20 minutes of notification.

2. <u>Action</u>. Complete the appropriate OPREP-3 PINNACLE or NAVY BLUE message template. Use this as a guide to prepare message for transmission.   Embarked detachments shall report in accordance with the ship's procedures. The final message shall be screened for accuracy by the SDO prior to release.

NOTE: Anytime an OPREP-3 is transmitted, notify the CNAP and COMHSLWINPAC CDOs.

FLASH (for initial message, IMMEDIATE for follow up reports)

FROM   HSL ....// ([Ship] if deployed)

TO   JOINT STAFF WASHINGTON DC//J3 NMCC// (with OREP Pinnacle; omit with Navy Blue)
       CNO WASHINGTON DC
       CINC (as appropriate for OPREP Pinnacle; omit with Navy Blue)
        -USCINCPAC HONOLULU HI//EAO/CDO/J37//
        -USCINCEUR VAIHINGEN GE
       Fleet CINC (as appropriate)
        -CINCPACFLT PEARL HARBOR HI//FCC//
        -CINCUSNAVEUR LONDON UK
       COMNAVAIRSYSCOM WASHINGTON DC//00/00A/09F//
       COMNAVAIRPAC SAN DIEGO CA//N3/N45/N845/
       COMHSLWINGPAC SAN DIEGO CA//01/N2//
       HSL ....// (if deployed)
       (Operational chain of command as appropriate)

INFO   CMC WASHINGTON DC (for incidents involving Marines or Marine missions)
       CINC (as appropriate, for OPREP Navy Blue)
        -USCINCPAC HONOLULU HI//EAO/CDO/J37//
        -USCINCEUR VAIHINGEN GE
       COMNAVSURFPAC SAN DIEGO CA//00//
       ONI WASHINGTON DC
       NAVY JAG ALEXANDRIA VA (incidents involving injury to civilians or damage to   civilian property caused by military equipment)
       DIRNAVCRIMINVSERV WASHINGTON DC//22D/23/02/21/24// (NIS if required)
       COMSC WASHINGTON DC//JJJ// (for incidents involving MSC personnel or equipment)
       CHNAVPERSWASHINGTON DC (death or serious injury)
       CNO N ONE WASHINGTON DC (death or serious injury)

TOP SECRET / SECRET / CONFIDENTIAL / UNCLAS (pick one)

MSGID/OPREP-3/HSL-XX/serialized OPREP number/-// (Notes 1&2)

REF/A/TEL/_____// ([initial voice report], others as required)

AMPN/_____// (or) NARR/_____(if more than one reference)

FLAGWORD/PINNACLE/-// (NAVY BLUE, if necessary)

TIMELOC/DTG_____Z/POSITION/STATUS// (Notes 3-5)

GENTEXT/INCIDENT IDENTIFICATION AND DETAILS/ (Give known details of incident;
state "unknown" as applicable. Don't delay report to gather facts.) //

RMKS/ Include as applicable:

     1. CO's estimate of the situation, its impact on the unit and ability of
the unit to conduct its mission.

     2. Include one of the following statements (final message only): MISHAP
REPORT NOT
REQUIRED, MISHAP REPORT TO FOLLOW or MISHAP REPORT SUBMITTED

     3. If the initial voice report or message was late, explain why.

     4. Assess public affairs impact if the incident is likely to generate
significant public interest and provide data on any proposed news release.

     5. Status of NIS notification or participation.//

DECL/OADR// (If appropriate)

BT

NOTES:
1. Sequential 3 digit number, use ship's number if embarked. Special incident
reports are serialized by incident beginning with 001 at the start of each
calendar year. Additional messages on the same incident are assigned
sequential letter suffixes (ie 001A, 001B).

2. Insert the first three letters of the calendar month.

3. The day and ZULU time when the event started in day-hour-minute (DDHHMM)
format (131450Z, 272200Z, etc).

4. Location of event using either Lat/Long or name of place.

5. Report status as either "INIT" for initial report, "FOLUP" for follow up
report, or "FINAL" for final report.

TAB L: NEXT OF KIN NOTIFICATION GUIDE

1. General. This TAB is used to provide guidance regarding next of kin notification following an aircraft mishap.

2. Action. In the event of a mishap involving a fatality or serious injury, the following personnel will coordinate efforts and, as soon as possible, proceed to the next-of-kin-residence, if local, to provide notification: BUPERSINST 1770.3 refers.

    a. Commanding Officer/Executive officer

    b. Squadron CACO

    c. Chaplain

    d. Close friend or contemporary squadron-mate

    e. Medical officer (if available or required)

    f. Personnel specified in advance by service member(s)

    g. If next-of-kin not in local area, refer to BUPERSINST 1770.3 for proper procedures.

3. One person from the above group will contact the Duty Officer after the next-of-kin notification has been accomplished. If the Commanding Officer is not available it is important that the Executive Officer perform notification. In the absence of both CO and XO, the Squadron CACO will perform the notification. The CACO is normally the Admin Officer.

4. BUPERS confirmation of PNOK/SNOK notification. A telephone report and follow-up message to the BUPERS Casualty Section is required following notification.

    a. Telephone notification to BUPERS:

    BUPERS CASUALTY SECTION:

    | Working Hours: | DSN: | 224-2926/32 |
    | | COMM: | 703-614-2926/32 |
    | After Working Hours: | DSN: | 224-2768/9 |
    | | COMM: | 703-694-2768/9 |
    | | Toll Free: | 800-368-3202 |

    b. Identify case by providing full name of casualty and organization. Confirm official notification of PNOK/SNOK was accomplished. Provide name of individual performing notification. Provide name of CACO, if assigned.

** Record the name of the individual receiving the call at BUPERS.

    c. After the telephone notification, utilize TAB M for the message format to officially notify BUPERS of a casualty.

TAB M: Casualty Report To BUPERS

1. General. This TAB is used to provide the CACO with general guidance regarding the intitial casualty report to BUPERS.

2. Action. The Casualty Assistance Calls Program Coordinating Authority for the area in which the Primary Next of Kin/Secondary Next of Kin (NOK/SNOK) reside has the responsibility to provide personal notification to NOK/SNOK in cases when the NOK/SNOK reside outside the local area. The expeditious transmission of the message will facilitate this process. The message will be sent via "Priority" precedence, in the following format: (MILPERSMAN 4210100 refers).

    a. Embarked detachments will always use this message.

    b. Do not add or subtract addressees. This information is sensitive.

```
FM   HSL _____ (DET number or ship as appropriate)

TO   BUPERS WASHINGTON DC//PERS 663//
     BUMED WASHINGTON DC
     GEORAPHICAL ZONE (Area in which Primary NOK resides)

INFO SECNAV WASHINGTON DC
     NAVINCEN CLEVELAND OH
     COMNAVBASE SAN DIEGO CA//01/10/13//
     CNO WASHINGTON DC
     COMNAVAIRPAC SAN DIEGO CA//01/10/012//
     COMNAVSAFECEN NORFOLK VA//00/01/02/10//
     COMHSLWINGPAC SAN DIEGO CA//00/01/10//
     FHTNC NORFOLK VA
     PERSUPP DET NORTH ISLAND CA//00//
     NAVY JAG ALEXANDRIA VA

UNCLAS //N01770//

MSGID/GENADMIN/HSL-__//

SUBJ/PERSONEL CASUALTY REPORT (DEATH,REPORT SYMBOL 1770-3)

REF/A/DOC/BUPERS/-//

REF/B/TEL/HSL-__/(Date)// (Initial call to BUPERS)

NARR/REF A IS MILPERSMAN ART 4210100, REF B IS INITIAL VOICE REPORT TO PERS
663//

RMKS/1.
ALPHA.   NAME OF CASUALTY (Grade/Rate, Name, Branch, SSN, Desig.)
BRAVO.   STATUS AND DUTY STATION
CHARLIE. TYPE OF CASUALTY (KIA, Died of Wounds, Non Hostile)
DELTA.   DATE, TIME (local), PLACE, CIRCUMSTANCES, AND CAUSE
ECHO.    LOCATION AND DISPOSITION OF REMAINS
FOXTROT.  PRIMARY AND SECONDARY NOK (Full name, address, relation)
GOLF.  NOK NOTIFICATION:
   (a) (HAVE NOK BEEN NOTIFIED PERSONALLY? YES/NO)
```

```
    (b) (HAVE NOK BEEN OFFICIALLY NOTIFIED BY TELEGRAM? YES/NO)
HOTEL.  HOSTILE FIRE ZONE OR OVERSEAS PAY AUTHORIZED
INDIA.  RECORD OF EMERGENCY DATA (date completed)
JULIET.  BENEFICIARY OF DEATH GRATUITY AND UNPAID PAY AND ALLOWANCES
KILO.  CASUALTY ASSISTANCE CALLS.  GEOGRAPHIC ZONE
LIMA.  RACE AND RELIGION
MIKE.  INSURANCE OTHER THAN SGSI
NOVEMBER.  MISC:
  (a) PAY GRADE
  (b) MONTHLY RATE OF BASIC PAY INCENTIVE, PROFICIENCY PAY
  (c) TOTAL SERVICE FOR PAY PURPOSES
  (d) DAYS OF UNUSED LEAVE
  (e) LOCATION OF PAY RECORD
  (f) ESTIMATED DAY RECORDS WILL BE CLOSED AND FORWARDED
OSCAR. SERVICEMAN'S GROUP LIFE INSURANCE
PAPA.  ASSIGNMENT OF JAG MANUAL INVESTIGATION REPORT
QUEBEC.  PERSONAL EFFECTS - NAME, ADDRESS, RELATIONSHIP OF PERSONS TO WHOM IT
WILL BE SENT.//
BT
```

TAB N: Sample PAO Release

1. <u>General</u>. This TAB is used to provide the squadron PAO with a sample press release for the NASNI PAO.

2. <u>Action</u>.

    a. An IMMEDIATE precedence proposed public affairs message should be sent within **ONE HOUR** of the mishap. Amplifying information should be sent as necessary, including names **only** when NOK have been notified. DO NOT DELAY press release until the full story is available.

    b. The squadron PAO (or SDO, if available) will coordinate with the Commanding Officer or senior officer present on preparing a news release for the NASNI PAO.

    c. Refer all telephone inquiries, including phone calls by NOK to NASNI PAO (_____). This will allow the CO and/or CACO time to notify the NOK properly. Use the following statement if asked questions from outside sources not connected with the mishap:

    " A MISHAP HAS OCCURRED AT THIS SQUADRON. NO DETAILS ARE AVAILABLE AT THIS TIME. PLEASE MAKE ALL FURTHER INQUIRIES WITH THE NAS NORTH ISLAND PAO AT _____. THANK YOU."

3. <u>PRESS RELEASE MESSAGE WORKSHEET</u>

NOTE: If deployed, the originator of the message will be the ship. If the DET is shorebased at other than North Island the originator of the message will be HSL-XX Det XX.

FM   HSL XXXX XXXXX NORTH ISLAND CA

TO   NAS NORTH ISLAND CA//08//

INFO CINCPACFLT PEARL HARBOR HI//013//
     COMNAVAIRPAC SAN DIEGO CA//012//
     COMNAVBASE SAN DIEGO CA//N5//
     SOPA SAN DIEGO CA//00//
     COMHSLWINGPAC SAN DIEGO CA//N00/N01/N02//

UNCLAS//N05720//

MSGID/GENADMIN/HSL-XX//

SUBJ/PROPOSED PRESS RELEASE//

RMKS/1. HOLD FOR QUERY. THE FOLLOWING PROPOSED PRESREL IS FORWARDED FOR IMMEDIATE RELEASE:
    a. (Type of mishap)
    b. (Location, time, type of equipment involved and destination of
       aircraft)

c. (Mission)
        d. (Statement that an investigation is in progress or has been ordered
            to determine the cause)
        e. (Statement that amplifying information will be forth coming as soon
            as details are known)
    2. Media involvement. (Whether you expect media involvement to be high
        or low)
    3. THIS MESSAGE CORRESPONDS TO SITREP/OPREP NUMBER ____.//
    BT

TAB O: Crash Site Security

1. <u>General</u>. This TAB provides general guidance for crash site security for
the aircraft mishap investigation team.

2. <u>Action</u>. The security of a crash site is a primary factor in the
preservation of evidence for a mishap investigation. Upon notification of an
aircraft accident, the Safety Officer and/or members of the Aircraft Mishap
Board will take immediate measures to secure the crash site.

3. <u>On-station Mishaps</u>:

    a. Notify Security and have sentries posted about the area. Rope barriers
and guards should be utilized in securing the area. The squadron may have to
supplement or relieve the security guard.

    b. No individual will hamper crash and rescue operations in order to
secure the area.

    c. After the crash and rescue operations are completed, the Senior Member
of the AMB is responsible for the security of the area. Individuals will not
be allowed to enter the area unless they were wearing an investigator's badge.
 However, the Senior AMB member may permit entry by personal approval.

    d. Members of the press should be allowed to enter the area only if under
escort.

    e. The Senior Member will not allow the removal of wreckage except for
humanitarian or operational reasons until he has obtained all evidence
available.

    f. The Senior Member should request for the Senior Member Crash
Investigation Kit from COMHSLWINGPAC N2. This kit is designed to facilitate
wreckage investigation and contains the following:

        (1) 35mm Camera

        (2) Hand-held GPS

        (3) 2 Hand-held Radios

        (4) Microcassete Recorder

        (5) Crash Investigation Checklist

4. <u>Off-station Mishaps</u>

    a. All on-station mishap lists apply.

    b. Notify the local police force and request assistance in securing the area. Request that they treat the mishap site as a crime scene. The Armed Forces Police may be available and should be utilized if necessary. Other units available are Civil Air Patrol, National Guard, local rescue squads, etc. Relieve the police force of this duty as soon as practicable. Request assistance from the above mentioned units by calling station security.

    c. Contact HAMMER ACE for no-cost communications augment, if required. Phone number for HAMMER ACE is:

       DSN: 576-5891
      COMM: (618) 256-5891

5. <u>Orders for Sentries</u>

    a. Sentries assigned to guard the scene of an aircraft accident will be governed in their conduct by the General Orders for Sentries and all special instructions issued by higher authority.

    b. Sentries will be briefed on the following items prior to posting at the mishap scene.

    c. The primary function of the sentry is to safeguard life and property, preserve the wreckage and prevent abuse of civil property.

    d. Allow only authorized representatives of the press access to the accident scene. This access will be granted only after it has been determined that no danger to life exists from fire or explosion of the wreckage.

    e. Record the name, address, and telephone number of any witness to the accident and present this information to the Senior Member of the AMB.

    f. Ensure that no portion of the wreckage is disturbed or removed unless authorized by the Senior Member of the AMB. Take all precautions to prevent alteration of any ground marks made by the aircraft.

    g. Refer all general public and news media inquiries concerning the accident to the squadron Public Affairs Officer.

    h. <u>No violence shall be used</u> in the performance of these duties. If persuasion is unsuccessful, attempt to discover names, addresses, descriptions and/or automobile license of individuals tampering with the wreckage and present these to the Senior Member of the AMB.

TAB P: Weather Update

1. <u>General</u>. This TAB is used to provide the AMB with the weather report for the time of mishap.

2. <u>Action</u>. Contact the NAS North Island Duty Forecaster, _____, and obtain weather information for the scene of the mishap. If the site is outside of the local training area, ask the forecaster to obtain the exact weather information from the weather facility closest to the scene of the mishap. Record the following weather information for time of mishap.

Cloud cover and type: _____

Visibility: _____

Winds:_____

Temperature and Barometric Pressure:_____

Dew Point:_____ Freezing level:_____

Sea State:_____ Sea Surface Temp:_____

Other (such as fog, rain, lightning, turb, wind shear, birds, etc.):

_____

_____

TAB Q: Safety Center Telephone/Mishap Report

1. <u>General</u>. This TAB is used to provide the squadron with general guidance concerning the initial voice report and follow-on message report to the Naval Safety Center.

2. <u>Action</u>.

    a. An initial Class A Mishap Voice Report shall be made to the NAVSAFECEN Duty Officer **within 60 minutes** of Mishap notification.

        DSN: _____
                        _____ (Follow voice mail instructions)
        Commercial: _____

NOTE: Class B and C Mishaps do not require voice reports.

NOTE: Do NOT give information concerning personnel involved in the mishap over the phone.

    b. An initial Mishap Report shall be made to the NAVSAFECEN **within four hours** of Mishap notification.

3. **NAVAL SAFETY CENTER PHONE REPORT TEMPLATE**

    a. Voice Reports are required for ALL CLASS A MISHAPS **within 60 minutes** of mishap notification.

    b. Do NOT delay this report due to lack of information.

    c. Use the following template for reporting the mishap:

"This is an Aircraft Mishap Report from HSL-XX [or USS (Ship's name)/HSL-XX, Det____]

(1) Reporting Custodian: HSL - XX (Det ____)

(2) Aircraft type: SH-60B Bureau Number: _____

(3) Mishap location: Position: LAT _____.____ LONG _____.____
Radial _____ DME _____ TACAN _____ Near
where:_____
_____

(4) Narrative: (Include a very brief explanatory statement to clarify the situation as required; ie: aircraft ditched, crashed on takeoff, etc.)

(5) Damage: Condition of aircraft: (lost at sea, on fire, structural damage, etc.)

_____
_____

Extent of damage to other property:
_____
_____
_____

(6) Injuries/Fatalities: WITHHOLD NAMES! Names are not used in Aviation Safety reports. If injuries extend well beyond the 5 possible aircrew, list the number of injured and briefly summarize their injuries as a group. Note: Use one of the following phrases (as defined by OPNAVINST 3750.6Q) to describe Injury Classification: FATAL INJURY, PERMANENT TOTAL DISABILITY, PERMANENT PARTIAL DISABILITY, MAJOR LOST WORKDAY INJURY, MINOR LOST WORKDAY INJURY, FIRST AID INJURY, NO INJURY, LOST AT SEA, or MISSING/UNKNOWN).

Pilot: RANK: _____
INJURY CLASSIFICATION:_____

Copilot: RANK:_____
INJURY CLASSIFICATION:_____

Aircrew: RANK: _____
INJURY CLASSIFICATION:_____

Passenger/Aircrew: RANK:_____
INJURY CLASSIFICATION:_____

Passenger/Aircrew: RANK:_____
INJURY CLASSIFICATION:_____

(7) Points of Contact: AIRCRAFT MISHAP BOARD:
Senior Member - _____ HSL XX, DSN ____-_____
COMM (_____) _____-_____

TELEPHONE INQUIRIES:
HSL XX Aviation Safety Officer, DSN ____-_____
COMM (_____) _____-_____

(8) Record: Name and Rate of person receiving call/time call made:
    _____/_____
Phone:_____

4. **NAVAL SAFETY CENTER MISHAP REPORT TEMPLATE**

    a. Mishap Reports are required for ALL CLASSES OF MISHAPS **within four hours** of mishap notification.

    b. Do NOT delay this report due to lack of information. If a class A or B, send priority. All others send routine.

    c. Use the following template to send the initial Mishap Report:

```
FM:      (Your Squadron)

TO:      CNO WASHINGTON DC//N889E//
         CMC WASHINGTON DC//A/SD//
         COMNAVSAFECEN NORFOLK VA//00/10/11/054//
         ALL SEAHAWK HELICOPTER ACTIVITIES

INFO:    CINCPACFLT (If wide public interest)
         NAS NORTH ISLAND CA//N00//(Or other facility involved)
         COMMAND OF AIRCREW INVOLVED (If not from reporting command)
         HELSUPPRON THREE (If mishap involves shipboard LSE)
         ARMED FORCES INSTITUTE OF PATHOLOGY WASHINGTON DC//CME-0//(If
     Fatality)
         HELSUPPRON THREE (Involves a SAR effort)
         COMNAVAIRWARCENWPNDIV CHINA LAKE CA//JJJ// (Areomedical/ALSS)
         NAVAIRWARCENACDIV WARMINSTER PA//JJJ//
         ALL AEROMEDICAL ACTIVITIES
         HQ AFSA KIRTLAND AFB NM//SEF//
         CDRUSASC FT RUCKER AL//PESC-Z//
         COMDT COGARD WASHINGTON DC//G-KSE//
         NAVY JAG ALEXANDRIA VA//JJJ// (Non-DOD aircraft, personnel,
     property)
         NAVSURFWARCENDIV INDIAN HEAD MD//5320// (CAD Involved)
         OTHERS AS DIRECTED BY CONTROLLING CUSTODIAN OR DEEMED
     APPROPRIATE
         DLA CAMERON STA VA//DLA-QF//(Aircraft under DPRO cognizance
     involved)
```

UNCLAS FOUO //N03750//

THIS IS A(N) (INITIAL, FIRST AMENDED, SECOND AMENDED, FINAL) GENERAL USE NAVAL
ACFT MISHAP REPORT HSL-(SQDN), CLASS (A,B OR C), (SERIAL NUMBER; 01-97 FOR
EXAMPLE),(DATE IF OCCURRENCE), SH-60B, (BUNO#)
REPORT SYMBOL OPNAV 3750-20//

A. OPNAVINST 3750.6Q
B. JAGINST 5800.7C
C. (OTHER APPROPRIATE REFS)

1. SUMMARY. (In two lines or less, succinctly summarize the content of the
report, and provide a terse description of the mishap, such as collision with
water; midair collision; flight deck impact. DO NOT DISCLOSE CAUSUAL FACTORS)

2. DATA.
   A. AIRCRAFT. (List aircraft involved)
        (1) SH-60B (Other aircraft as applicable)
        (2) (Bureau number)
        (3) (Modex and Side number)
        (4) (Reporting Custodian)
(If the mishap involves engine FOD include below items)
        (5) (Engine type/model/series)
        (6) (Engine serial number)
   B. EQUIPMENT. (List all equipment involved that are not parts of the actual
aircraft as delivered from the factory)
        (1) (Model)
        (2) (Make)
        (3) (Part Number)
        (4) (Equipment Code as applicable)

C. ENVIRONMENT. (Applies to location of the mishap at the time of the mishap)

      (1) (Date)
      (2) (Local time)
      (3) (Local time zone)
      (4) (day or night)
      (5) (Mishap location)
      (Report longitude and latitude to the nearest minute, except mishaps occurring within 5 NM of an airfield. For those mishaps, report latitude/longitude to the nearest second. For all mishaps report the state/country/geographic area and nearest city/town/significant landmark as appropriate (ie. Coronado, CA; Indian Ocean; Northern Arabian Gulf, ect.). If the mishap did not occur aboard a ship or airfield, give magnetic bearing and distance from the nearest named airfield, NAVAID, or town, or give the magnetic bearing and distance from departure ship or scheduled recovery ship.
  If the mishap occurred aboard a ship or airfield, give the name of the ship or airfield and the location **on** the ship or airfield, i.e. Runway 29; Flight Deck; ect.)
      (6) (Altitude,MSL)
      (7) (Weather at the location at the time of mishap including winds. If surface weather, list in sequence report format. If airborne, list all that apply: distinct or obscured horizon, overcast, undercast, between layers, clear of clouds, in clouds, in and out of clouds)

3. CIRCUMSTANCES.
  A. ORIGIN. (Provide the name of the departure ship/airfield or lat and long)
  B. MISSION. (State aircraft mission in plain language)
  C. FLIGHT PURPOSE CODE. (Use codes listed in OPNAVINST 3710.7)
  D. TYPE OF FLIGHT PLAN. (State VFR, IFR and, if known, whether the pilot was in instrument meteorological conditions at the time of the mishap)
  E. DESTINATION. (List next intended point of landing in same format as 3A above)
  F. AIRCRAFT EVOLUTION. (Describe that activity in which the aircraft was involved, ie, climb, cruise, approach to back of ship, maintenance, 30 degree AOB turn, etc.)

4. MISHAP CATEGORY. (State that information upon which mishap category is based. Refer to TAB F)

5. DAMAGE AND COST. (TBD can be used if damage or cost is currently unknown)
  A. AIRCRAFT. (If aircraft was destroyed, so state. If not, describe all aircraft damage and list cost. Itemize costs, including hours to repair. If more than one aircraft was damaged, list model, bureau number, hours to repair, and cost for each separately)
  B. DOD PROPERTY DAMAGE. TBD (This will be completed by the ASO in the follow up report)
  C. NON-DOD PROPERTY DAMAGE. TBD (Same as above)

6. PERSONNEL INFORMATION AND INJURIES. (Provide all the information below regardless of injuries. State whether an aeromedical analysis will be sent. An aeromedical analysis will be sent if human factors errors are suspected as a mishap cause, personal injuries or relevant medical findings, or if an attempt was made, successful or not, to emergency egress. If not required, state reasons why)
  A. SOULS ON BOARD.
  B. CREW. (State total number of crewmembers aboard each mishap aircraft. For each crewmember list:
      - Crew duty at time of mishap (specify pilot at the controls if known)
      - Rank/Rate (DO <u>NOT</u> LIST NAMES OR SOCIAL SECURITY NUMBERS)
      - NEC/Designator/MOS

       - Service
       - Parent Organization
       - Duty Status
       - Injury Classification. Describe the most significant injuries, days hospitalized and additional days away from work
        - State if NVGs were being used
        - Total flight hours and hours in model for both pilot and co-pilot
        - Designate who was at the controls during the mishap)

  C. TOTAL NUMBER OF PASSENGERS. (List the total number of passengers in each mishap aircraft)

       (1) INJURED PASSENGERS. (Give rank/rate, NEC/designator/MOS, service, parent organization, duty status, injury. Describe the most significant injury, days hospitalized and additional days away from work)

       (2) UNINJURED PASSENGERS. (Enter total number of uninjured passengers in each mishap aircraft)

  D. INJURED NONOCCUPANTS. (Enter the total number of injured nonoccupants, then list all for each: NEC/designator/MOS, service, specify if DOD or non-DOD, duty status, civilian or military, injury. Describe the most significant injury, days hospitalized and additional days away from work)

7. MISHAP INVESTIGATION. (Include the following, if applicable:

      - Requests for assistance, specifically salvage assistance. State the nature of assistance needed, when and where it is needed, and the source of that assistance, if known. If requesting assistance from the controlling custodian or from an activity external to that command, preface the request with the phrase (**FOR .....**). Ensure activity that you are requesting assistance from is listed as an action addee.

      - Request for relief from investigative and reporting responsibilities. Provide complete justification in detail)**//**
BT

TAB R: FAA Notification

1. <u>General</u>. This TAB will be utilized to notify the FAA of the possible involvement of an FAA function (FAA control facility, civil or commercial aircraft, etc.) in an aircraft mishap.

2. <u>Action</u>. This information must be passed to the FAA **within four hours** of mishap notification.

    a. Pass the information below by telephone to:

    (619) 277-7043

    b. After the telephone report has been given to the local FAA representative, utilize the report format to draft a message to FAA Headquarters in Washington. This message also alerts Naval Commands who must be notified if an incident involving FAA facilities takes place.

    c. The telephone report and message format contain the same information.

```
FROM:      HSL XX NORTH ISLAND CA
TO:        FAA NTSB WASHINGTON DC
           FAA NTSB LOS ANGELES CA
INFO:      CNO WASHINGTON DC//N889E//
           CINCPACFLT PEARL HARBOR HI//N00//
           COMNAVAIRPAC SAN DIEGO CA//N00/N45//
           COMHSLWINGPAC SAN DIEGO CA//N00/N2//
           NAVSAFECEN NORFOLK VA//00/10/11/054//
UNCLAS FOUO //N03759//
SUBJ/AIRCRAFT MISHAP INVOLVING AN FAA FUNCTION//
REF/A/DOC/OPNAV 3750.16B//
RMKS/1.  THE FOLLOWING IS SUBMITTED PER REF A.
A.  Date and local time with time zone of accident:
```

B. Location of mishap scene: (giving distance and direction from nearest military base or prominent geographical landmark; otherwise, use latitude and longitude coordinates)
C. Aircraft type, model and BUNO:
D. Unit to which aircraft was assigned at time of mishap:
E. Last departure base of aircraft:
F. Type of air traffic control clearance:
G. Aircraft destination:
H. Last known position of aircraft in flight and/or radio contact with pilot:
I. Security classification of mishap (if applicable):
J. Radioactive materials aboard: YES or NO.
K. Description of how mishap occurred. (Indicate maneuvers being performed at time of mishap)
L. (Identify the FAA function(s) possibly involved. Request FAA participation in the investigation if a joint investigation is desired)
M. (State whether other investigations are going to be conducted)
N. (Name, rank, telephone number, and address of the individual whom FAA personnel will contact if further information is desired -normally the Aviation Safety Officer or senior member of the Aircraft Mishap Board)

    d. Log time of call to FAA, name of person receiving call and DTG of message to military addresses.

TAB S: Unit SITREP Message Template

1. <u>General</u>. This TAB is used to provide the squadron with general guidance concerning the issuance of a Unit SITREP message, as determined by TAB F.

2. <u>Action</u>. The Unit SITREP message must be prepared and sent **within 20 minutes** of notification of incident.

    a. Complete the message template. Use this as a guide to prepare message for transmission. Embarked detachments shall report in accordance with the ship's procedures. The final message shall be screened for accuracy by the SDO prior to release.

    b. Anytime a Unit SITREP is transmitted, notify the COMHSLWINPAC CDOs.

IMMEDIATE (priority for follow up reports)

FROM   HSL ....// ([Ship] if deployed)

TO   COMNAVAIRPAC SAN DIEGO CA//N3/N45/N463/N845/
       COMHSLWINGPAC SAN DIEGO CA//01/N2//
       HSL ....// (if deployed)
       (Operational chain of command as appropriate)

INFO   CMC WASHINGTON DC (for incidents involving Marines or Marine missions)
       USCINCPAC HONOLULU HI//CDO//
       COMNAVSURFPAC SAN DIEGO CA//00//
       SOPA SAN DIEGO CA//00/01//
       COMNAVBASE SAN DIEGO CA//N3/N31// (for violent crime)
       NAS NORTH ISLAND CA
       COMNAVAIRSYSCOM WASHINGTON DC (aircraft accidents)
       NAVY JAG ALEXANDRIA VA (civilian injury, property damage)
       COMNISCOM WASHINGTON DC//22D/23/02// (incidents involving NIS)

```
        NISAREACOMPAC PEARL HARBOR HI//90AC//  (NIS, bomb threats, etc)
        NAVINSERV SWREG SAN DIEGO CA//11HQ//  (NIS, bomb threats, etc)
        COMNAVSAFDEN NORFOLK VA//00/01/10/11/541//  (Fire, flood, explosion,
                                          aircraft accident, etc)
        BUPERS WASHINGTON DC  (death or serious injury)
        CNO WASHINGTON DC//01//  (destruction of Naval property)
        COMNAVMEDCOM WASHINGTON DC  (death, serious injury, adequacy of care
                                involved)
        HQ PACAF HICKAM AFB HI  (SAR incident)
```

SECRET / CONFIDENTIAL / UNCLAS (pick one)

MSGID/UNIT SITREP/HSL-XX/serialized SITREP number/-// (Notes 1&2)

REF/A/TEL/_____// ([initial voice report], others as required)

AMPN/_____// (or) NARR/_____(if more than one reference)

FLAGWORD/UNIT SITREP/-//

TIMELOC/DTG_____Z/POSITION/STATUS// (Notes 3-5)

GENTEXT/INCIDENT IDENTIFICATION AND DETAILS/ (Give known details of incident;
state "unknown" as applicable. Don't delay report to gather facts.) //

RMKS/ Include as applicable:

    1. CO's estimate of the situation, its impact on the unit and ability of
the unit to conduct its mission.

    2. Include one of the following statements (final message only): MISHAP
REPORT NOT REQUIRED, MISHAP REPORT TO FOLLOW or MISHAP REPORT SUBMITTED

    3. If it becomes necessary to include names in the message, the
statement, "FOR OFFICIAL USE ONLY-NEXT OF HAVE NOT BEEN NOTIFIED." A generic
phrase, such as, "30 YR OLD MALE LT" is preferable.

    4. If the initial voice report or message was late, explain why.

    5. Assess public affairs impact if the incident is likely to generate
significant public interest and provide data on any proposed news release.

    6. Status of NIS notification or participation.//

DECL/OADR// (If appropriate)

BT

NOTES:
1. Sequential 3 digit number, use ship's number if embarked. Special
incident reports are serialized by incident beginning with 001 at the start of
each **calendar year**. Additional messages on the same incident are assigned
sequential letter suffixes (ie 001A, 001B).

2. Insert the first three letters of the calendar month.

3. The day and ZULU time when the event started in day-hour-minute (DDHHMM)
format (131450Z, 272200Z, etc).

4. Location of event using either Lat/Long or name of place.

5. Report status as either "INIT" for initial report, "FOLUP" for follow up
report, or "FINAL" for final report.

<u>**TAB T: NAVOSH Injury/Death Report**</u>

1. <u>General</u>. This TAB is used to provide the squadron NAVOSH/Safety department with general guidance concerning the initial Injury/Death report to the Naval Safety Center.

2. <u>Action</u>. The initial message is due to NAVSAFECEN **within 8 hours** of mishap notification. Submit as much of the information as is available.

PRIORITY

    FROM: **HSL XX** (ship, if deployed)

    TO: **NAVSAFECEN NORFOLK VA//02/40/50/70/054//**
             CNO WASHINGTON DC//N45//

    INFO: **COMNAVAIRPAC SAN DIEGO CA//N00/N45/N845//**
             COMHSLWINGPAC SAN DIEGO CA//N00/N2//

UNCLAS//N05100//FOUO (Normally UNCLAS unless classified information must be included.)

SUBJ: CLASS A OR B (STATE WHICH) **MISHAP**

MSGID/GENADMIN/MSG ORIG/SER NO/MONTH//

A. (Reference telephone call to NAVSAFECEN of initial notification)

FORMAT IN ACCORDANCE WITH GENADMIN PROCEDURES.

NARR/THIS IS A GENERAL USE SAFETY REPORT TO BE USED ONLY FOR SAFETY PURPOSES PER OPNAVINST 5100.2D

RMKS/A. GENERAL MISHAP INFORMATION:

    1. UIC OF INJURED PERSON'S COMMAND OR REPORTING ACTIVITY IF PROPERTY DAMAGE

    2. TYPE OF MISHAP (Flooding, fire, injury/death, equipment casualty, etc.).

    3. LOCAL TIME AND DATE OF MISHAP

    4. LOCATION WHERE MISHAP OCCURRED (If at duty station, give workcenter or description, e.g., torpedo room, main deck frame, base/station facility. If other, so indicate, e.g., ball field, etc. Indicate if MWR facility).

    5. EVOLUTION/JOB BEING PERFORMED AT TIME OF MISHAP (TYT, refit, ISE, maintenance, UNREP, material handling production, etc.) If at training command, insert course identification number (CIN) only - do not provide evolution in those cases.

6. POINT OF CONTACT AND COMPLETE TELEPHONE NUMBER

B. MATERIAL PROPERTY DAMAGE:

1. EQUIPMENT DAMAGED OR DESTROYED BY THE MISHAP (Include EIC, TEC, or NSN, if applicable; describe damage).

2. ESTIMATED COST TO REPAIR OR REPLACE DOD PROPERTY (Provide a total cost including $16 per hour plus cost of material and equipment).

3. ESTIMATED COST OF NON-DOD PROPERTY DAMAGE

4. NUMBER OF REPORTING ACTIVITY OPERATING DAYS LOST

C. REPORTABLE INJURIES:

1. NAME/SSN/SEX (If more than one person involved, information in this section must be explicit as to which individual is being described. Repeat items 1 through 7 for each individual).

2. RANK/DESIGNATOR/RATE/GRADE, JOB AND EMPLOYMENT STATUS (For employment status, specify USN, USNR, Navy Federal Civilian, Navy Non-Appropriated Fund Civilian, Navy Foreign National Civilian, etc.).

3. ON-DUTY/OFF-DUTY

4. SPECIFIC JOB OR ACTIVITY INDIVIDUAL ENGAGED IN AT TIME OF MISHAP (PMS, PFT, training, watchstanding, woodworking, material handling, etc).

5. NUMBER OF MONTHS EXPERIENCE AT THE JOB OR ACTIVITY (The experience the person possessed for the activity engaged in. Swimming mishap - indicate swimming qualification and applicable training course).

6. MEDICAL DIAGNOSES (Include parts of body and type of injury or illness).

7. FATALITY OR EXTENT OF INJURIES OR OCCUPATIONAL ILLNESSES (Specify fatality, missing, permanent total disability, permanent partial disability, temporary partial disability, or no disability likely).

D. NARRATIVE: State as much amplifying information available. Chain of events leading up to, through, and subsequent to mishap (Elaborate with remarks so that who, where, how and why of the mishap are known).

BT

TAB U: LASER Exposure Message/Report

1. <u>General</u>. This TAB is used to provide squadrons with general message and letter reporting guidance concerning a possible LASER Exposure incident.

NOTE: If a LASER eye injury is suspected or observed, a complete medical eye examination must be considered by an ophthalmologist or optometrist, as soon as practical following the overexposure.

2. <u>Action</u>. A Suspected LASER Overexposure message to MEDCOM shall be made **within 24 hours** of LASER incident. A follow-up LASER Overexposure Incident Letter to BUMED shall be sent **within 30 days**. Ensure the following steps are completed during initiation of reporting procedures.

    a. Contact LSSO and Commanding Officer.

    b. Contact Squadron Flight Surgeon to arrange eye exam.

    c. Aircraft BUNO: _____

    d. LASER SERNO: _____ Type: <u>AN/AAS-44 (V)</u>

    e. Mode: (circle one) <u>Boresight. Range find, Designate</u>

    f . Estimate of exposure (time and distance): _____

    g. Evolution at time of incident: _____

    h. LASER eye protection (LEP) used: NO   YES - type: _____

    i. Extent of injury: _____

    j . Refer to reference (a), chapter 4 to determine if injuries due to LASER exposure meet the requirements for Aircraft Mishap reporting.

3. <u>Suspected LASER Overexposure Incident Message</u>

```
FM HSL
TO BUMED WASHINGTON DC//O2//
INFO COMSPAWARSYSCOM WASHINGTON DC//OOF//
NAVSAFECEN NORFOLK VA//OO/01/11/11/12/14/054//
COMNAVAIRPAC SAN DIEGO CA//N45/N452/N453/N845//
COMHSLWINGPAC SAN DIEGO CA//N01/N1/N014/N2/N3/N4/N7//
BT
UNCLASS //NO5100//
MGSID/GENADMIN/HSLXX//
SUBJ/SUSPECTED LASER OVEREXPOSURE INCIDENT REPORT//
REF/A/DOC/SPAWARINST 5100.12B/940719//
REF/B/DOC/NAVMEDCOMINST 6470.2A/890328//
NARR/REF A IS USN AND USMC LASER SAFETY SOURCE DOCUMENT. REF B IS THE USN
AND USMC LASER RADIATION MEDICAL SURVEILLANCE PROGRAM.//
POC/NAME.RANK/HSLXX/-/PHONE NUMBERS//
RMKS/1. THIS REPORT CONCERNS A SUSPECTED OVEREXPOSURE INCIDENT. THE
FOLLOWING IS PROVIDED PER REFS A AND B.
2. DATA
     A. REPORTING ACTIVITY:
     B. DATE AND TIME:
     C. LOCATION:
     D. EVOLUTION AT TIME OF INCIDENT:
3. EQUIPMENT
     A. AIRCRAFT:  SH-60B BUNO
     B. LASER SYSTEM:  AN-AAS-44
     C. WAVELENGTH:  CLASSIFIED
     D. MODE OF OPERATION:
     E. ENERGY POWER OUTPUT:  CLASSIFIED
     F. EXPOSURE DURATION:
     G. LASER EYE PROTECTION USED:
```

4. REPORTABLE INJURIES:
        A. PERSONNEL:
            NAME   RANK/DESIG   UNIT
        B. MEDICAL DIAGNOSIS:
        C. EXTENT OF INJURIES:
        D. RECOVERY PROGNOSIS:
5. NARRATIVE:
6. CORRECTIVE ACTION:
7. PER REF B, DETAILED REPORT WILL BE SUBMITTED WITHIN 30 DAYS.//
BT
NNNN

4. <u>LASER Overexposure Incident Letter</u>

5100
Ser OO/

From: Commanding Officer Helicopter Anti-Submarine Squadron Light XX
To: Chief, Bureau of Medicine and Surgery (BUMED 02), Navy Department,
        Washington D.C. 20372-5120
Via: (1) Commander, Helicopter Anti-Submarine Light Wing, U.S. Pacific Fleet
        (2) Commander, Naval Air Force, U.S. Pacific Fleet

Subj: SUSPECTED LASER OVEREXPOSURE INCIDENT

Ref: (a) NAVMEDCONINST 6470.2A
        (b) HSL xx msg dtg

Encl: (1) SF-600 Chronological record of medical care
        (2) Medical examination photographs
        (X) Additional enclosures, as required

1. Per reference (a), the following Suspected Laser Overexposure Incident
Report is submitted for further documentation of the incident cited in

reference (b). Enclosures (1) through (X) are provided to document all post incident medical care and diagnosis.

2. Background Data

    a. Reporting activity:

    b. Date / time of incident:

    c. Location of incident:

    d. Evolution at time of incident:

3. Equipment

    a. Aircraft: SH-60B BUNO

    b. LASER system: AN/AAS-44(V)

    c. Wavelength: classified

    d. Mode of operation:

    e. Energy power output: classified

    f. Exposure duration:

    g. LASER eye protection used:

4. Reportable Injuries:

    a. Personnel:
    <name>   <rank>   <ssn>   <desig>   <unit>   <service>

    b. Medical diagnosis:

    c. Extent of injuries:

    d. Recovery prognosis:

5. Narrative:

6. Corrective Action:

7. Commanding Officers Comments:

TAB V: Squadron Commanding Officer Checklist

1. <u>General</u>. This TAB is designed to assist the squadron Commanding Office in determining the reporting requirements and responsibilities following a mishap.

    a. <u>Immediately</u>

	Responsibility	Reference	Notes
(1) OPREP Telephone	SDO	OPNAVINST 3100.6G	5 min
(2) OPREP-3 Message	SDO	OPNAVINST 3100.6G	20 min
(3) COMHSLWINGPAC CDO	SDO	COMHSLWINGPAC 3750.4	ASAP
(4) COMNAVAIRPAC CDO	SDO	CNAP	ASAP
(5) Safety Center	SDO	OPNAVINST 3750.6Q	60 min
(6) NOK notification	CO/CACO	MILPERSMAN 4210100	ASAP

    b. <u>Within 4 hours</u>:

	Responsibility	Reference	Notes
(1) BUPERS Casualty Report	Admin	MILPERSMAN 4210100	
(2) NAVSAFECEN Mishap Report	ASO/SR MBR AMB	OPNAVINST 3750.6Q	

(Class A/B)

    (3) FAA Telephone   SDO   OPNAVINST 3750.16B
        Report

    (4) Draft base PAO   PAO   COMHSLWINGPAC 3750.4A
        Release

c. Within 24 hours:

    (1) NAVSAFECEN   SR MBR AMB   OPNAVINST 3750.6Q
        Amended Report

    (2) NAVSAFECEN   ASO   OPNAVINST 3750.6Q
  Initial Report
      (If Class C)

    (3) Aircraft X-Ray   MO   OPNAV 5442.2G

    (4) UNIT SITREP   OPS   OPNAVINST 3100.6G
      (If required)

    (5) LASER Exposure Safety   SPAWARINST 5100.12B
        Message

d. Within 48 hours:

    (1) Letters to NOK   CO/ADMIN   MILPERSMAN 4210100

e. Within 5 working days:

    (1) Rescue Report   OPS   NWP 19-1

f. Within 7 working days:

    (1) NAVSAFECEN   ASO   OPNAVINST 3750.6Q
        Additional
        Reports

g. Within 30 calendar days:

    (1) Mishap   AMB   OPNAVINST 3750.6Q
        Investigation
        Report

    (2) LASER Exposure Safety/LSSO   SPAWARINST 5100.12B
        Report

TAB W: Detachment Mishap Checklist

1. General. This TAB provides general guidance to a Detachment regarding initial actions in addition to the previous TAB of this instruction in the case of a mishap.

2. Action.

    a. In the event of a mishap while embarked (long or short cruise) or shore based somewhere other than NAS North Island, the OINC/Assistant OINC will be tasked with the combined responsibilities of all department heads and the senior member of the Aircraft Mishap Board until help arrives. He must be thoroughly familiar with the contents of this instruction and its applicable references.

    b. It is imperative that the OINC/AOINC establish immediate communication with the Squadron SDO to notify the command, request assistance, preclude redundant reporting (i.e. OPREP-3), and keep the Commanding Officer appraised of the latest developments. The detachment is responsible for initiating the appropriate reports (i.e. OPREP-3, Mishap Reports, ect) and investigating procedures as outlined in the instruction. Requirements for telephone reports are **NOT** waived when the detachment is at sea, unless the detachment has no

access to a telephone. In this case, the detachment **MUST** inform the squadron of the need for telephone reports to be made via OP IMMEDIATE message.

    c. The OPREP-3 report may originate from the ship when the detachment is embarked. The detachment must originate the OPREP-3 when shore based other than NAS North Island. Ensure the COMTHIRDFLT or COMSEVENTHFLT are info addresses on all OPREP-3 reports when in theater. The OINC/AOINC shall ensure that all immediate reports are prepared and transmitted within the published time limits. Shipboard personnel should provide maximum assistance for initial reporting.

    d. As a future endorser, the OINC cannot function as a mishap investigator. However, he can contribute significantly to the mishap investigation by ensuring the following actions are performed in a thorough and expeditious manner:

☐   (1) Any flight crew or maintenance personnel involved in the mishap will not participate in the investigation.

☐   (2) The detachment assumes all reporting responsibilities of the reporting custodian as delineated in OPNAVINST 3750.6Q.

☐   (3) OPREP-3 message and voice communications should be initiated through the ship or through a shore facility.

☐   (4) Flight crew and passengers must receive a thorough medical examination immediately following their rescue. (Include urine and blood samples)

☐   (5) All aircraft maintenance and pilot/crew logs and records must be secured. Additionally, a sample of ship's avaition fuel should be retained.

☐   (6) Retain and secure all survival gear.

☐   (7) Recover/secure wreckage. Wreckage recovery from the water should be rinsed with fresh water before securing. Dispose of smoke markers immediately as unsafe ordnance.

☐   (8) Plot an accurate position of the wreckage. Mark with buoy if available.

☐   (9) Ensure all witnesses and involved aircrew prepare a written statement as soon as possible following the mishap.

☐   (10) Make no comments or judgments to anyone except ship CO/XO and investigating officers.

    e. Detachment officers not involved in the mishap will complete all required reports until relieved by a higher authority. The following is a minimum of the required action, in addition to item (1) above, until relieved:

☐   (1) Notify Operational Commanders. (Include in OPREP if used. If OPREP-3, within five minutes by phone or voice comm and twenty minutes by message).

☐   (2) Personal message to CO HSL-XX for notification of NOK and for telephone reports to COMNAVSAFECEN and CONUS chain of command.

☐   (3) Initial mishap report to COMNAVSAFECEN (Class A/B mishaps only, within four hours after submission of OPREP-3 message. For Class C within 24 hours).

☐ (4) UNIT SITREP within 24 hours, if required.

☐ (5) X-RAY/ETR reports.

☐ (6) FAA report (within twenty four hours if required).

☐ (7) Safety/QDR report if material failure or malfunction is indicated.

☐ (8) JAG Manual investigation (not to be performed by Mishap Board members).

☐ (9) Rescue report (within seven days if required - normally prepared by rescuing activity).

☐ (10) Amended Mishap Report (within 24 hours for Class A/B only).

TAB X: Record of OPREP/SITREP For CY 19

1. <u>General</u>. This TAB is used to provide the squadron Operations Officer with a method for tracking all OPREP-3/Unit SITREPS transmitted by a command.

2. <u>Action</u>. Fill out each line completely for every OPREP-3/UNIT SITREP which is sent from this command. DO NOT assign a serial number to the initial voice report; the serial number is used only for the initial message which follows the voice report. Amplifying or follow-up messages will use the serial number of the initial message, plus a serial letter identifier (for example if the original message were serialized 002, the follow-up would be serialized 002A).

Serial Number	Type of Report	DTG Voice Report	DTG Message
001			

COMHSLWINGPAC MISHAP ACTION CHECKLIST

1. General. This enclosure is designed to be used by the COMHSLWIONGPAC CDO upon notification of a possible aircraft mishap involving an HSLWINGAPC asset.

2. Action. The Command Duty Officer shall ensure the following action items are completed after being notified of an aircraft mishap:

     a. Chronological Log. The Command Duty Officer or his designated representative will maintain a continuous log of events connected to any mishap to ensure all necessary information is recorded as it is received. Utilize enclosure (1), TAB D to complete this action.

     b. Recall. The Command Duty Officer shall personally notify the Wing Safety Officer, Chief Staff Officer, and the Commander as expeditiously as possible. The remaining personnel listed in the recall bill should be contacted as time permits and may be done by any other reliable person in the vicinity. Do not contact the residence of anyone involved in the mishap/casualty. If the person is not home, leave a message for them to contact the Command Duty Officer immediately.

BILLET CODE/INCUMBENT   **NAME**   **WORK**   **HOME**

00   COMMANDER   _____   _____   _____

01   CHIEF STAFF OFFICER _____   _____   _____

```
N1   ADMIN OFFICER          _____   _____   _____

N2   SAFETY OFFICER         _____   _____   _____

N3   OPERATIONS OFFICER     _____   _____   _____

N4   MAINTENANCE OFFICER    _____   _____   _____

     PRIMARY CACO           _____   _____   _____

     ALTERNATE CACO         _____   _____   _____
```

c. Required Report Verification. The CDO shall ensure that the squadron has initiated the following required reports:

REPORT	WHEN REQUIRED	TIME LIMIT	REFERENCE	RESPONSIBILITY
OPREP-3/UNIT SITREP PHONE REPORT	TAB H TAB I	5 MIN	OPNAVINST 3100.6	SDO/SQUADRON
OPREP-3/UNIT SITREP MSG	TAB H TAB K	20 MIN FOLLOWING PHONE REPORT	OPNAVINST 3100.6	SDO/SQUADRON
PHONE REPORT TO CNAP	ANYTIME OPREP-3 SITREP	ASAP	CNAPINST 3750.35	SDO/SQUADRON
NOK NOTIFICATION	TAB L	IMMEDIATE	MILPERSMAN ARTICLE 4210100	SQUADRON
CASUALTY REPORT	TAB M	IMMEDIATE	MILPERSMAN ARTICLE 4210100	SQUADRON
PAO RELEASE	TAB N	1 HOUR	APPROPRIATE	ADMIN/CDO

d. Senior Member Crash Kit. The CDO shall ensure that COMHSLWINGPAC Safety issues the Senior Member Crash Kit to the squadron AMB as soon as possible.